

Adult Residential Setting Summary Sheet

Heightened Scrutiny Identification Number	HS-004
Provider Name	Gunnison Valley Health Assisted Living
Setting Name	
Setting Address	300 N. 3 rd Street, Gunnison, CO 81230
Compliant as of Date	May 15, 2020
Date of This Evaluation	April 23, 2021 for public comment; updated July 28, 2021 for CMS. Updates are in italicized green font.

Setting Type	☐ Transitional Living Program (TLP) facility under BI waiver
☐ Group Residential Services and Supports (GRSS) group home	Waivers Served
 ☐ Individual Residential Services and Supports (IRSS) host home ☐ Individual Residential Services and Supports (IRSS) other ☐ Supported Living Program (SLP) facility under BI waiver 	 □ Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses □ Elderly, Blind and Disabled (EBD) □ Persons with Brain Injury (BI) □ Persons with Developmental Disabilities (DD)
Reason(s) for Heightened Scrutiny	
 ☑ Located in a building that is also a publicly or privately institutional treatment (such as a hospital, nursing facility ☐ Located in a building on the grounds of, or adjacent to ☐ Has the effect of isolating individuals receiving Medical (HCBS) from the broader community of individuals not received. 	y, ICF/IID, or IMD); o, a public institution; or aid home- and community-based services

Setting Description

This home is licensed as an Alternative Care Facility (ACF) in near proximity to a skilled nursing home owned and operated by the same provider. During site visits in 2017 and 2019, state staff observed consistent separation of policy and practice between HCBS operations and nursing home operations. The ACF does not share staff, house rules or operating procedures with the nursing facility. During an onsite visit, it was confirmed the home has taken exceptional measures to separate from the adjacent nursing home. All residents have a spacious, private room with a private bathroom secured with a personalized keycode. There are no cameras and individuals may come and go freely. All residents have a post office box in the lobby from which they may send and receive mail. Free Wi-Fi is available throughout the setting, which the individuals report they use to stay connected to family and friends. State staff observed ample information on community activities and support with accessing transportation. Some individuals share their culinary wisdom by teaching new staff how to cook preferred foods.

Compliance Summary

Compliant?	Federal Requirement	Summary of Evidence of Compliance
✓ Yes ☐ Partial ☐ No	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 C.F.R. § 441.304(c)(4)(i).	During the site visit, state staff observed that individuals may come and go from the setting at their discretion. The setting actively promotes community activities and works to ensure the individuals are integrated as much as possible. The provider posts and promotes seasonal community activities, sporting events, art shows, fairs, etc., as well as routine services such as church, food banks, concerts and senior classes. Additionally, the facility hosts community events such as a Hawaiian BBQ/Luau for family, friends and neighbors. The individuals interviewed reported very high satisfaction with accessing the broader community. Every Friday the setting has a happy hour with an open bar and music. The setting supports the individuals accessing transportation including public transportation, Medicaid-funded and non-medical transportation. The setting does not use restrictive devices such as egress alerts. The provider utilizes a senior transportation service that supports individuals to get out into the community. State staff observed a wealth of both planned and spontaneous community activities.
⊠ Yes □ Partial □ No	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board. <i>Id.</i> § 441.301(c)(4)(ii).	 In Colorado, case management agencies are responsible for working with the individual to ensure that the setting is selected by the individual from among setting options including non-disability-specific settings and, where residential supports will be provided, an option for a private unit in a residential setting; ensuring that setting options are identified and documented in the person-centered support plan and are based on the individual's needs, preferences, and for residential settings, resources available for room and board; and supplying the person-centered support plan to provider agencies for implementation. Provider agencies are responsible for implementing the person-centered support plan. They are also responsible for referring individuals to their case management agency if they want to request a different provider or setting.

		As part of the site-specific verification process, the state verified that providers complied with their responsibilities relating to informed choice. This process included verifying that settings did not have compliance issues such as telling individuals that they must receive services there, even if they would prefer something else.
		The individuals are informed of and given the choice among setting options, including non-disability options. The setting options are identified and documented in the person-centered service plan. These options are based on the individual's needs, preferences and resources. The individuals choose who provides their supports. The provider submitted documentation regarding Rights of Persons, House Rules, Admission and Discharge Policies, and Person-Centered Care course description as evidence of compliance.
⊠ Yes □ Partial □ No	The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. <i>Id.</i> § 441.301(c)(4)(iii).	The setting offers private bedrooms each with a private bathroom. Individuals have personalized keycodes to their rooms. The individuals have a key or key-code to enter the setting as they wish. The setting does not employ chemical, mechanical, or physical restraints. The provider submitted documents regarding Rights of Persons, House Rules, Grievance and Complaint Policy, Mistreatment Policy, and documentation that all staff had received training on Person-Centered Practices as evidence of compliance.
⊠ Yes □ Partial □ No	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. 42 CFR § 441.301(c)(4)(iv)	The provider revised all policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy. These modifications primarily involved the removal of restrictive language. The Resident Handbook was also updated to reflect the changes in less restrictive language. In addition, the provider has adopted a course on Person-Centered Principles that all staff are required to take. Individuals are free to come and go as they wish and have access to transportation provided by the setting seven days per week.
⊠ Yes □ Partial □ No	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR § 441.301(c)(4)(v)	The individuals are given the choice to reside and receive services from the setting. The individuals choose who provides their supports. The provider submitted documentation regarding Rights of Persons, House Rules, Admission and Discharge Policies, and Training on Person Centered Care as evidence of compliance.

	The unit or dwelling is a specific	The provider revised their residential agreement to ensure it is
⊠ Yes	physical place that can be owned,	legally enforceable.
☐ Partial	rented, or occupied under a legally	
□ No	enforceable agreement by the	
	individual receiving services, and the	
	individual has, at minimum, the same	
	responsibilities and protections from	
	eviction that tenants have under the	
	landlord-tenant law of the State,	
	county, city or other designated	
	entity. For settings	
	where landlord-tenant laws do not	
	apply, a lease, residency agreement,	
	or other form of written agreement is	
	in place for each HCBS participant	
	providing protections that address	
	eviction processes and appeals	
	comparable to those provided under	
	the jurisdiction's landlord-tenant law.	
	42 CFR § 441.301(c)(4)(vi)(A)	
	Each individual has privacy in their	All rooms are private with private bathrooms. Individuals do not
⊠ Yes	sleeping or living unit:	share rooms. The individuals have individualized keycodes to their
□ Partial	(1) Units have entrance doors	rooms. The individuals have the choice to decorate and furnish their
□ No	lockable by the individual, with only	room with personal items. Though the setting is adjacent to a
□ NO	appropriate staff having keys to	nursing facility, measures to ensure resident privacy are in place.
	doors.	For example, residents and employees of the nursing facility do not
	(2) Individuals sharing units have a	have keycard access to the internal door that joins the two facilities.
	choice of roommates in that setting.	As a whole, it is a separate building with wholly separate staff and
	(3) Individuals have the freedom to	philosophies of service support.
	furnish and decorate their sleeping	Franco et actività con la contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la co
	or living units within the lease or	The provider submitted documentation regarding Residents Rights,
	other agreement.	House Rules, Admission and Discharge Policies, and Training on
	42 CFR § 441.301(c)(4)(vi)(B)	Person Centered Principles as evidence of compliance. Individuals
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	Individuals have the freedom and	Individuals have access to a dining area for meals/snacks with
⊠ Yes	support to control their schedules	comfortable seating where they can choose their own seat, choose
□ Partial	and activities and have access to	their company (or lack thereof), and choose to converse (or not). In
□ No	food any time.	addition, individuals can choose to participate in activities as they
_ INO	42 CFR § 441.301(c)(4)(vi)(C)	wish including those inhouse or in the community. Transportation
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		is provided seven days per week by the setting. Individuals have access to the building via a keycode.
⊠ Yes □ Partial □ No	Individuals are able to have visitors of their choosing at any time. 42 CFR § 441.301(c)(4)(vi)(D)	Individuals may have visitors at any time and engage in romantic relationships. Individuals interviewed expressed a high degree of satisfaction in this area.
⊠ Yes □ Partial □ No	The setting is physically accessible to the individual. 42 CFR § 441.301(c)(4)(vi)(E)	State staff completed a site visit and observed individuals had full access to all typical facilities in the home including the kitchen, dining area, laundry, and comfortable seating in shared areas. The setting does not utilize any type of monitoring of egress, cameras, or chimes. The individuals have individualized keycodes for their rooms in addition to a keycode to enter the setting as they choose. The residents were observed using their kitchen and reported in interviews that they receive ample support to maintain their independence.
⊠ Yes □ Partial □ No	Any rights modifications are supported by a specific assessed need and justified in the personcentered service plan. The following criteria are documented in the person-centered service plan: (1) A specific and individualized assessed need. (2) The positive interventions and supports used prior to any rights modifications. (3) The less intrusive methods of meeting the need that were tried but did not work. (4) A clear description of the rights modification that is directly proportionate to the specific assessed need. (5) A plan for the regular collection and review of data to measure the ongoing effectiveness of the modification.	The setting completed a remediation plan, and updated policies and practices, including to ensure each individual has a personcentered service plan, that staff were trained on each personcentered plan, an enforceable residential agreement, and a plain language explanation on how to submit a complaint or grievance. The provider does not report any rights modifications needed at this time and none were observed during site visits and record reviews.



(6) Established time limits for	l
periodic reviews to determine	
whether the modification is still	
necessary or can be terminated.	
(7) The informed consent of the	
individual.	
(8) An assurance that interventions	
and supports will cause no harm to	
the individual.	
42 CFR § 441.301(c)(4)(vi)(F)	



Setting Summary Sheet

Summary of Findings From Desk Review and/or Site Visit(s)

State staff conducted two site visits, first in 2017 and again in 2019. During both visits, state staff observed the setting and its operations, spoke with provider staff, and spoke with individuals outside the presence of provider staff to learn about their lived experience at the setting. State staff also reviewed the provider's policies and procedures and other documents (listed below). State staff observed during both site visits that the setting displayed person-centered principles throughout all of its operations and interactions with residents. During staff interviews, staff were very clear the setting belonged to the residents, and that their role was to assist individuals as much—or as little—as each resident directed.

The state reviewed the following materials submitted by the provider:

- Rights of Persons Handout
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Money Management Policy
- Lease/Residency Agreement
- Admission/Discharge Policies
- House Rules
- Recent Month Calendar of Community Activities

If the provider updated any of these materials, the findings in this evaluation reflect the most recent version of each item.

Using all of this information, state staff reviewed the provider's submitted Provider Transition Plan (PTP) for this setting, identifying certain compliance issues as well as the required remediation for these issues, and noting certain policy and procedure revisions, supplemental materials, and evidence that would be required from the provider. State staff asked the provider to make changes to its documents, largely to reflect the rights-honoring practices already in place, to add detail where needed (e.g., adding appeal rights to the residential agreement), and to be more explicit that any rights modifications would be supported by a specific assessed need and justified in the person-centered service plan.

From 2017 to 2019, the provider submitted updates to its PTP, including revised documents and additional evidence (such as receipts and photographs). The update process was iterative and reflected feedback and communications from state staff. In May 2020, state staff determined the provider had demonstrated full compliance with the HCBS Settings Final Rule.

Individuals were interviewed during the onsite assessment and reported very high satisfaction with services.

The Individual/Family/Advocate (IFA) Survey results were reviewed, and no comments were submitted for this setting.

Additional Comments

No public comments were received regarding this setting.

